### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated averag	e burden				
hours per respons	se!16.00				

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Series A Preferred Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)
Type of Filing: New Filing Amendment Amendment MAR 0 6 2006
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
GSL Solutions, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
2414 SE 125th Avenue, Vancouver, WA 98683 360.896.5354
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  (if different from Executive Offices)
Brief Description of Business
Pharmacy will-call cabinets
PROCESSED
Type of Business Organization
corporation   limited partnership, already formed   other (please specify):   WAR 2 1 2003
Month Year THOMASOM
Actual or Estimated Date of Incorporation or Organization: 0 3 0 5 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION —
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

			CIDENTIFICATION DATA		4	
2. Enter the information re						
•		•	zed within the past five years;			
		-	or direct the vote or disposition			of the issuer.
• Each executive off	icer and director o	f corporate issuers as	nd of corporate general and ma	naging partners of p	partnership issuers; and	
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers				
Check Box(es) that Apply:	Promoter	Beneficial Ow	vner 🔽 Executive Officer	✓ Director	General and/or Managing Partner	
Full Name (Last name first, i Louie, Shelton	f individual)		9, 7,			
Business or Residence Addre 2414 SE 125th Ave., Var	•	Street, City, State, Z	Cip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner Executive Officer	✓ Director	General and/or Managing Partner	
Full Name (Last name first, i Oliva, Steven J.	f individual)		***************************************	terminal and the second and the seco		
Business or Residence Addre	ss (Number and	Street, City, State, Z	Cip Code)			
2414 SE 125th Ave., Van	couver, WA 986	83				
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner	Director	General and/or Managing Partner	
Full Name (Last name first, i Garrett, Stephen A.	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Z	Zip Code)			
2414 SE 125th Ave., Van	couver, WA 986	883				
Check Box(es) that Apply:	Promoter	✓ Beneficial Over the second of the sec	wner Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, i	f individual)					
Watt, Harvey M.						
Business or Residence Addre 125 Furnace Steet, Lake	•	Street, City, State, Z	Cip Code)			,,,,,,,, <del>,,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i McClendon, Alice	f individual)					
Business or Residence Addre 3334 Cove Cir., Stocktor		Street, City, State, Z	Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, i Kirk, Edward B.	f individual)			and the second s		
Business or Residence Addre 1132 Norman Drive, Mai			Zip Code)	***************************************		
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Z	Cip Code)			
	(Use bla	nk sheet, or copy and	d use additional copies of this	sheet, as necessary)		

			**************************************	В. Д	NEORMÂT	ION ABOU	T OFFERI	NG				
1. Has th	e issuer sold	l or does ti	ne issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offer	no?		Yes	No 🔀
1. 1105 01	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.						لــا					
2. What i	· · · · · · · · · · · · · · · · · · ·								<sub>\$</sub> 10,	i 000.00		
Z. What i	2. What is the minimum investment that will be accepted from any individual?							• • • • • • • • • • • • • • • • • • • •	₽			
3. Does t	he offering	permit join	t ownershi	p of a sing	le unit?					•••••	Yes <b>R</b>	No
If a per or state	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	Street, C	ity, State, Z	Cip Code)						
Name of A	ssociated Br	oker or De	aler									
States in W	hish Dansan	7 1-4-4 17-	0.11-14-4	7-43		D						
	nich Person : "All States										— A1	1 C+++-
(Check	All States	or check	maividua	States)	******************					•••••	□ Ai	States
AL	AK	AZ	AR	CA	CO	$\boxed{\text{CT}}$	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	[30]		TIN		[01]	VI	VA	VV A	[٧٧ ٧]		VV I	IK
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	lity, State,	Zip Code)					<del></del>	
				, .	,,							
Name of A	ssociated Br	oker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						<u> </u>
	"All States											l States
(2												
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA -	$\overline{\mathbb{W}}$	WI	WY	PR
Full Name												
_		,	,									
Business o	r Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated Br	oker or De	aler						<del></del>			
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				-		
(Check	"All States	s" or check	individua	States)	•••••						☐ Al	States
AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NŸ	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	1,250,000.00	\$ 535,000.00
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		1
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	·	<b>V</b>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	\$ 535,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$ 5,000.00
		<u> </u>	

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
	and total expenses furnished in response to Part C	offering price given in response to Part C — Question C — Question 4.a. This difference is the "adjusted gros	ss	1,2	45,000.00
5.	each of the purposes shown. If the amount fo	s proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate an al of the payments listed must equal the adjusted gros Part C — Question 4.b above.	d		and a second sec
			Payments to		
			Officers,	D.	
			Directors, & Affiliates		yments to Others
	Salaries and fees				
	Purchase, rental or leasing and installation of		. [_] *	- 🗀 "	
	and equipment		. 🔲 \$	_ [ \$_	
	Construction or leasing of plant buildings and	facilities	. 🔲 \$	_ [] \$	
	Acquisition of other businesses (including the offering that may be used in exchange for the				
	issuer pursuant to a merger)		. 🔲 \$	_ 🗆 \$_	<u> </u>
			_		
	Working capital		. 🔲 \$	_ <b>/</b> \$_	1,245,000.00
	Other (specify):		<u> </u>	_ 🗆 \$_	
			. □ \$	_ []\$_	
					1,245,000.00
	Total Payments Listed (column totals added).		. [7] § 1	,245,000	00
<u></u>		D. FEDERAL SIGNATURE			
sig	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this notion furnish to the U.S. Securities and Exchange Communication investor pursuant to paragraph (b)(2) of	ission, upon writte		
Iss	uer (Print or Type)	Signature	Date	****	
GS	SL Solutions, Inc.	Stellien Joine			
Na	me of Signer (Print or Type)	· Title of Signer (Print or Type)			
		Shelton Louie, CEO			
		and the second s			
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)